

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005526 (6)

1. Corporation Name

PARADISE PLACE HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

Mailing Address

**4110 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

**4110 SOUTH FLORIDA AVENUE
LAKELAND FL 33813-1674**

3. Date Incorporated or Qualified
10/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3838 S. Florida Ave.

26 3838 S. Florida Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #2

27 Suite #2

City & State

City & State

23 Lakeland, Fla.

28 Lakeland, Fla.

Zip

Country

Zip

Country

24 33813

25 Polk

29 33813

30 Polk

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, D. JOEL
4110 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

**81 Name
Adams, D. Joel**

**82 Street Address (P.O. Box Number Is Not Acceptable)
3838 S. Florida Ave.**

83 Suite #2

**84 City
Lakeland** **FL** **85 Zip Code
33813**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ADAMS, D. JOEL**
STREET ADDRESS **4110 SOUTH FLORIDA AVENUE**
CITY - ST - ZIP **LAKELAND FL 33813**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3838 S. Florida Ave. Suite #2**
1.4 CITY - ST - ZIP

TITLE **VPD** ☐ DELETE
NAME **ADAMS, ROBERT J**
STREET ADDRESS **4110 SOUTH FLORIDA AVENUE**
CITY - ST - ZIP **LAKELAND FL 33813**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3838 S. Florida Ave. Suite #2**
2.4 CITY - ST - ZIP

TITLE **STD** ☐ DELETE
NAME **WILLIAMS, LINDA**
STREET ADDRESS **4110 SOUTH FLORIDA AVENUE**
CITY - ST - ZIP **LAKELAND FL 33813**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3838 S. Florida Ave. Suite #2**
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/97 941-619-7103

Date

Daytime Phone # 0053128

CR2E037 (9/96)